10/17/2008 09:24

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Council of Life Insurers Political Action Committee 101 Constitution Ave., NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20001 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00147066 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day Х (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the DC 11 04 2008 Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Special (30S) Post -Election General (30G) Report for the: Termination Report (TER) in the Election on State of 10 0 1 2008 10 2008 15 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Donald L. Walker Type or Print Name of Treasurer Electronically Filed by Mr. Donald L. Walker 10 17 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

R	eport Covering the Period: From:	01 2008	To: 10 15 2008
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
	(a) Cash on Hand January 1 Ž008 Y Y		24247.34
	(b) Cash on Hand at Begining of Reporting Period	35281.11	
	(c) Total Receipts (from Line 19)	7378.77	320654.44
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	42659.88	344901.78
	Total Disbursements (from Line 31)	13000.00	315241.90
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29659.88	29659.88
	Debts and Obligations owed TO		
	the committee (Itemize all on	0.00	
	Schedule C and/or Schedule D)	0.00	
).	Debts and Obligations owed BY		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

0 1 1^D5 м м 1 0 2008 м м 1 0 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 100551.57 5784.62 (i) Itemized (use Schedule A) 1594.15 39102.87 (ii) Unitemized (iii) TOTAL (add 7378.77 139654.44 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 176000.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 7378.77 315654.44 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 5000.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 7378.77 320654.44 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 7378.77 320654.44 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS

(a) Shared Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Contributions to

24. Independent Expenditure

27. Loans Made..... 28. Refunds of Contributions To:

Individuals/Persons Other

(b) Political Party Committees (c) Other Political Committees

(d) Total Contribution Refunds

(a) Shared Federal Election Activity

(i) Federal Share

(ii) "Levin" Share

With Federal Funds (c) Total Federal Election Activity (add

(subtract Line 21(a)(ii) and Line 30(a)(ii)

(from Schedule H6)

32. Total Federal Disbursements

from Line 31).....

Than Political Committees

23.

(c) Total Operating Expenditures

21. Operating Expenditures:

Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... 0.00 0.00 Expenditures..... 0.00 0.00 (add 21(a)(i), (a)(ii) and (b))............ 0.00 0.00 Committees..... Federal Candidates/Committees.....and Other Political Committees..... 11000.00 294891.90 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 (such as PACs) 0.00 0.00 (add Lines 28(a), (b), and (c)) 2000.00 20350.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) 0.00 0.00 0.00 0.00 (b) Federal Election Activity Paid Entirely 0.00 0.00 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 13000.00 315241.90 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

13000.00

315241.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	7378.77	315654.44
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	7378.77	315654.44
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Council of Life Insurers F	d Statements may not be sold or used by any pers the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James G. Lewis Mailing Address 4608 Driftwood City Frisco FEC ID number of contributing	State Zip Code TX 75034-5132	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Central Security Life Insurance Compan Receipt For: Primary General Other (specify) ▼	Occupation Executive Vice President Aggregate Year-to-Date 1500.00	
Full Name (Last, First, Middle Initial) Geri Gaughan Mailing Address 2001 Grove Street		Date of Receipt 10 02 2008
City	State Zip Code	Transaction ID: 26548783
Glenview	IL 60025-2817	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer MTL Insurance Company	Occupation General Counsel	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr John D Rosenkranz		Date of Receipt
Mailing Address 15424 S Michaele E	Driev	10 07 2008
City	State Zip Code	Transaction ID: 26566891
Oak Forrest FEC ID number of contributing federal political committee.	IL 60452	Amount of Each Receipt this Period 500.00
Name of Employer MTL Insurance Company	Occupation Chief Financial Officer and Senior Vi	ic
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optiona	l)	2500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 28 (check only one) X
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Council of Life Insurers Poli	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u></u>	Full Name (Last, First, Middle Initial)			Data of Bassint
	Mr. Scott E. Smith Mailing Address 19 Cardinal Way			Date of Receipt 1 0 0 7 2 0 0 8
	City	State	Zip Code	Transaction ID: 26566901
	South Windsor	CT	06074-3745	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer VantisLife Insurance Comp- any	Occupation Senior V	on Vice President & COO	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Mr. Ross L. Sargent			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1120489715176
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		46.17
	Name of Employer American Council of Life Insurers	Occupation Senior C		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 877.22	P/R Deduction (\$46.17 Semi-Monthly)
	Full Name (Last, First, Middle Initial) Mr. Donald L. Walker	1		Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	NW		M M / D D / Y Y Y Y Y Y 1 1 5 2 0 0 8
	City	State	Zip Code	Transaction ID: PR1156427115176
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer American Council of Life Insurers	Occupation CFO	_	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 950.00	P/R Deduction (\$50.00 Semi-Monthly)
SI	JBTOTAL of Receipts This Page (optional)			346.17

SCHEDULE A (FEC Form 3X FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 28 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Council of Life Insurers Po	olitical Action Committee	
Full Name (Last, First, Middle Initial)		Date of Descript
Mr. Peter L. Tedone Mailing Address 32 Lincoln		Date of Receipt 1 0 1 5 2 0 0 8
City Weatogue	State Zip Code CT 06089-9780	Transaction ID: PR1503560115176 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.00
Name of Employer VantisLife Insurance Company	Occupation President & Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 665.50	P/R Deduction (\$31.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Gustave Lescouflair	_ I	Date of Receipt
Mailing Address 39 Ridgecrest Road		10 15 2008
City Glastonbury	State Zip Code CT 06033-1666	Transaction ID: PR1522524615176
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer VantisLife Insurance Company	Occupation Senior Vice President, CFO & Treasu	rer
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$250.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Walter C. Welsh		Date of Receipt
Mailing Address 101 Constitution Ave		10 15 2008
City Washington	State Zip Code DC 20001-2140	Transaction ID: PR1550105915176 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20001 2140	169.27
Name of Employer American Council of Life Insurers	Occupation Executive Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3216.13	P/R Deduction (\$169.27 Semi-Monthly)
SURTOTAL of Receipts This Page (optional)		450.27

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 9 / 28 (check only one) X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be name and address of	e sold or used by any perso of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Council of Life Insurers Poli	tical Action Comn	nittee	
Full Name (Last, First, Middle Initial) Mr. Joseph A. Sikora			Date of Receipt
Mailing Address 866 Crestgate Circle			10 15 2008
City		ip Code	Transaction ID: PR1553146915176
<u>Orlanda</u>	FL 3	32819	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Hannover Life Reassurance Company of A	Occupation SVP & Chief A	Actuary	
Receipt For:	Aggregate Year-		
Primary General Other (specify) ▼		380.00	P/R Deduction (\$20.00 Sem- i-Monthly)
Full Name (Last, First, Middle Initial) Mr. Robert H. Neill Jr., Jr.	1		Date of Receipt
Mailing Address 101 Constitution Ave, Suite 700	NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		ip Code	Transaction ID: PR1554864815176
Washington	DC 2	20001-2140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer American Council of Life Insurers	Occupation Counsel		7
Receipt For:	Aggregate Year-	to-Date ▼	
Primary General Other (specify) ▼	0 0 0	950.00	P/R Deduction (\$50.00 Sem- i-Monthly)
Full Name (Last, First, Middle Initial) Ms. Gail Steinberg	<u> </u>		Date of Receipt
Mailing Address 101 Constitution Ave, Suite 700	NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		ip Code	Transaction ID: PR1565786715176
Washington	DC 2	20001-2140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer American Council of Life Insurers	Occupation Director, Fede	ral Relations	
Receipt For:	Aggregate Year-	to-Date ▼	. [
Primary General Other (specify) ▼	0 0 0 0	340.00	P/R Deduction (\$20.00 Sem- i-Monthly)
SUBTOTAL of Receipts This Page (optional)	ı		90.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 28 (check only one) X 11a
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Council of Life Insurers Pol	litical Action	Committee	
. <u>/</u>	Full Name (Last, First, Middle Initial) Mr. Bruce A. Friedland			Date of Receipt
	Mailing Address 116 Hill Top Drive			10 15 7 9 9 9
	City <u>Weatogue</u>	State CT	Zip Code 06089-9676	Transaction ID: PR1638876015176 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer VantisLife Insurance Comp- any	Occupation Vice Pre-	n sident & Chief Actuary	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	P/R Deduction (\$250.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes			Date of Receipt
	Mailing Address 101 Constitution Avenue, NW Suite 700 West			M M / D D / Y Y Y Y Y Y 1 1 5 2 0 0 8
	City	State	Zip Code	Transaction ID: PR771358215176
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		140.58
	Name of Employer American Council of Life Insurers	Occupation Executive	n e Vice Pres & General Coun	se
	Receipt For:	Aggregate	e Year-to-Date V	
	Primary General Other (specify) ▼		2671.03	P/R Deduction (\$140.58 Semi-Monthly)
_	Full Name (Last, First, Middle Initial) Ms. Linda H. Cunningham			Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700 West	nue, NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771362415176
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		48.96
	Name of Employer American Council of Life Insurers Receipt For:	-, '	sident, Conference Developn	nent
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 935.44	P/R Deduction (\$48.96 Semi-Monthly)
Γ	SUBTOTAL of Receipts This Page (optional)	1		439.54

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
	American Council of Life Insurers Poli	itical Action (Committee	
۷.	Full Name (Last, First, Middle Initial) Mr. Michael J. Bartholomew			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	ue, NW		10 15 2008
	City	State	Zip Code	Transaction ID: PR771362815176
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer American Council of Life Insurers	Occupatio Senior C		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		700.00	P/R Deduction (\$50.00 Semi- i-Monthly)
_	Full Name (Last, First, Middle Initial) Mr. John F. Dolan			Date of Receipt
	Mailing Address 101 Constitution Ave, NW Suite 700 West			10 15 2008
	City	State	Zip Code	Transaction ID: PR771365415176
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer American Council of Life Insurers	Occupatio Vice Pre	n sident, Media Relations	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		510.00	P/R Deduction (\$30.00 Semi- i-Monthly)
	Full Name (Last, First, Middle Initial) Ms. Barbara A. Price			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West			10 15 2008
	City	State	Zip Code	Transaction ID: PR771369015176
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		26.25
	Name of Employer American Council of Life Insurers	 	slative & Regulatory Informati	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 498.76	P/R Deduction (\$26.25 Sem- i-Monthly)
	SUBTOTAL of Receipts This Page (optional)	1		106.25

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 28 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Council of Life Insurers Poli	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\angle				
١.	Full Name (Last, First, Middle Initial) Mr. J. Bruce Ferguson			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West			10 15 2008
	City Washington	State DC	Zip Code	Transaction ID: PR771373215176
	FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 123.59
	Name of Employer American Council of Life Insurers Receipt For:		n ice President, State Relation e Year-to-Date ▼	s
	Primary General Other (specify) ▼		2348.21	P/R Deduction (\$123.59 Semi-Monthly)
. -	Full Name (Last, First, Middle Initial) Ms. Shawn Hausman			Date of Receipt
	Mailing Address 101 Constitution Avenue, NW Suite 700 West			10 15 2008
	City	State	Zip Code	Transaction ID: PR771373515176
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		22.69
	Name of Employer American Council of Life Insurers	Occupation Sr. Vice	n President, Public Affairs	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 431.11	P/R Deduction (\$22.69 Sem- i-Monthly)
_	Full Name (Last, First, Middle Initial) Mr. David M. Leifer			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	ue, NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771374015176
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		63.33
	Name of Employer American Council of Life Insurers	Occupation Senior C	ounsel	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1203.27	P/R Deduction (\$63.33 Semi-
	SUBTOTAL of Receipts This Page (optional)			209.61

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Council of Life Insurers Pole	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Z	Full Name (Last, First, Middle Initial)			
	Mr. James D. Hall Mailing Address 101 Constitution Aver	nue, NW		Date of Receipt
	Suite 700 West			10 15 2008
	City	State	Zip Code	Transaction ID: PR771374315176
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer American Council of Life	Occupation Senior C		
	Insurers Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	33 3	285.00	P/R Deduction (\$15.00 Sem- i-Monthly)
_	Full Name (Last, First, Middle Initial) Mr. David R. Wentworth			Date of Receipt
	Mailing Address 101 Constitution Avenue, NW Suite 700 West			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771376015176
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer American Council of Life Insurers	Occupation Vice Pre-	n sident, Research	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		570.00	P/R Deduction (\$30.00 Sem- i-Monthly)
	Full Name (Last, First, Middle Initial) Mr. C. Bryan Cox			Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700 West	nue, NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771376815176
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		22.75
	Name of Employer American Council of Life Insurers	Occupation Regional	n Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 432.25	P/R Deduction (\$22.75 Sem-i-Monthly)
	SUBTOTAL of Receipts This Page (optional)	1		67.75

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Council of Life Insurers Pol	itical Action	Committee	
∠ 4 .	Full Name (Last, First, Middle Initial) Mr. John W. Mangan, CEBS			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700			10 15 2008
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771377115176 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼	, ' 	n Vice President, State Relatio e Year-to-Date ▼ 1900.00	P/R Deduction (\$100.00 Se- mi-Monthly)
_ 3.	Full Name (Last, First, Middle Initial) Mr. Donald G. Preston Jr.			Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700 West	10 15 2008		
	City Washington	State DC	Zip Code	Transaction ID: PR771386415176
	FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 80.73
	Name of Employer American Council of Life Insurers	Occupatio Managin	n g Director, Reinsurance	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1533.87	P/R Deduction (\$80.73 Sem- i-Monthly)
. –	Full Name (Last, First, Middle Initial) Ms. Kimberly Dorgan			Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700 West	nue, NW		10 15 2008
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771395115176 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20001 2100	208.33
	Name of Employer American Council of Life Insurers		e Vice President, Federal Rela	<u>-</u>
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3958.27	P/R Deduction (\$208.33 Semi-Monthly)
	SUBTOTAL of Receipts This Page (optional) .	1		389.06

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 28 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	/ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Council of Life Insurers Poli	itical Action (Committee	
	Full Name (Last, First, Middle Initial) Mr. John Pearson			Date of Receipt
	Mailing Address 10075 Red Run Boule	vard		10 15 2008
	City	State	Zip Code	Transaction ID: PR771402615176
	Owings Mills	MD	21117-4865	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Baltimore Life Insurance Company	Occupation Presiden		7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	P/R Deduction (\$50.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Sheila M. Ziegler			Date of Receipt
	Mailing Address 101 Constitution Ave, NW Suite 700			10 15 2008
	City	State	Zip Code	Transaction ID: PR771412115176
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		14.33
	Name of Employer American Council of Life Insurers	Occupation Excutive	n Secretary, Office of the Gen	e
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		272.27	P/R Deduction (\$14.33 Sem- i-Monthly)
_	Full Name (Last, First, Middle Initial) Mr. Morris Goff			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	iue, NW		10 15 2008
	City	State	Zip Code	Transaction ID: PR771419315176
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		46.86
	Name of Employer American Council of Life Insurers		sident, Federal Relations	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		890.35	P/R Deduction (\$46.86 Sem- i-Monthly)
Γ	SUBTOTAL of Receipts This Page (optional)	1		111.19

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 28 (check only one) X 11a
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Council of Life Insurers Poli	tical Action (Committee	
	Full Name (Last, First, Middle Initial) Frank Keating			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	ue, NW		10 15 2008
	City	State	Zip Code	Transaction ID: PR771419715176
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.33
	Name of Employer American Council of Life Insurers	Occupatio Presiden		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		3958.27	P/R Deduction (\$208.33 Semi-Monthly)
_	Full Name (Last, First, Middle Initial) Mr. Michael J. Hunter	1		Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West			10 15 7 2008
	City	State DC	Zip Code	Transaction ID: PR771419815176
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.33
	Name of Employer American Council of Life Insurers	Occupatio Executive	n e Vice President & COO	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼	0 0	3958.27	P/R Deduction (\$208.33 Semi-Monthly)
_	Full Name (Last, First, Middle Initial) Brenda Nation	ı		Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West			10 15 2008
	City	State	Zip Code	Transaction ID: PR771419915176
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer American Council of Life Insurers	Occupatio Senior C	ounsel	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 950.00	P/R Deduction (\$50.00 Semi-Monthly)
Γ	SUBTOTAL of Receipts This Page (optional)	•		466.66

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 28 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Council of Life Insurers Po	litical Action	Committee	
	Full Name (Last, First, Middle Initial) Ms. Nancy Smith			Date of Receipt
	Mailing Address 101 Constitution Ave Suite 700 West	nue, NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771420015176
	Washington FEC ID number of contributing	DC	20001-2133	Amount of Each Receipt this Period
	federal political committee.	C		15.00
	Name of Employer American Council of Life	Occupation	n e Assistant	
	Insurers Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	/ iggi egale	285.00	P/R Deduction (\$15.00 Semi-Monthly)
_	Full Name (Last, First, Middle Initial) Ms. Debra K. West			Date of Receipt
	Mailing Address 101 Constitution Ave Suite 700 West	nue, NW		10 15 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771421015176
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer American Council of Life	Occupation Senior C	on Counsel & Director, Southern	R
	Insurers Receipt For:	-, '	e Year-to-Date	
	Primary General Other (specify) ▼		950.00	P/R Deduction (\$50.00 Semi-Monthly)
_	Full Name (Last, First, Middle Initial) Ms. Katherine C. Smith			Date of Receipt
	Mailing Address 101 Constitution Ave Suite 700 West	, NW		10 15 2008
	City	State	Zip Code	Transaction ID: PR771422915176
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.88
	Name of Employer American Council of Life Insurers	Occupation PAC Direction		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	P/P Doduction (\$20.99 Som
	Other (specify)		586.71	P/R Deduction (\$30.88 Sem- i-Monthly)
	SUBTOTAL of Receipts This Page (optional)	1		95.88

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 28 (check only one) X 11a 11b 11c 12 15 16 17
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any persor dress of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Council of Life Insurers Po	litical Action	Committee	
∠ A.	Full Name (Last, First, Middle Initial) Ms. Lisa Tate			Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700	nue, NW		10 15 2008
	City <u>Washington</u>	State DC	Zip Code 20001-2133	Transaction ID: PR771423215176 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼		e General Counsel, Litigation e Year-to-Date ▼ 760.00	P/R Deduction (\$40.00 Sem- i-Monthly)
_ 3.	Full Name (Last, First, Middle Initial) Mr. John P. Gerni			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	, NW		10 15 2008
	City	State	Zip Code	Transaction ID: PR771428715176
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		58.54
	Name of Employer American Council of Life Insurers	Occupation Senior L	n egislative Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1112.27	P/R Deduction (\$58.54 Sem- i-Monthly)
_).	Full Name (Last, First, Middle Initial) Mr. Juan Carlos Scott			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700 West	, NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771428815176
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.28
	Name of Employer American Council of Life Insurers Receipt For:	_ '	ice President, Federal Relatio	
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1183.31	P/R Deduction (\$62.28 Sem- i-Monthly)
	SUBTOTAL of Receipts This Page (optional)	•		160.82

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 28 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Council of Life Insurers Pol	itical Action	Committee	
_	Full Name (Last, First, Middle Initial) David C. Turner			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700			10 15 7 2008
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771428915176 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.75
	Name of Employer American Council of Life Insurers	Occupation Sr. Vice	n President and Corp Sec.	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1724.26	P/R Deduction (\$90.75 Sem- i-Monthly)
_	Full Name (Last, First, Middle Initial) Alane R. Dent			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771444315176
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 26.54
	Name of Employer American Council of Life Insurers	Occupation Vice Pre-	n sident, Federal Relations	
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 504.27	P/R Deduction (\$26.54 Sem- i-Monthly)
	Full Name (Last, First, Middle Initial) T. Scott Dixon			Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700 West	nue NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State DC	Zip Code 20001-2133	Transaction ID: PR771444915176
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 20.00
	Name of Employer American Council of Life Insurers	Occupatio Controlle	er	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Sem- i-Monthly)
Γ.	SUBTOTAL of Receipts This Page (optional) .	1		137.29

SCHEDULE A	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 28 (check only one) X
or for commercial pu	rposes, other than using the	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Coul	ncil of Life Insurers Poli	tical Action (Committee	
Mr. Andrew Melnyl	First, Middle Initial)			Date of Receipt
Mailing Address	101 Constitution Aven Suite 700	ue NW		10 15 2008
City	Cano 700	State	Zip Code	Transaction ID: PR771445815176
Washington		DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of federal political co		C		14.93
Name of Employe American Counci Insurers	r I of Life	Occupatio Director,	n Research	
Receipt For:		Aggregate	e Year-to-Date ▼	
Primary Other (spec	☐ General ify) ▼		283.66	P/R Deduction (\$14.93 Sem- i-Monthly)
Full Name (Last, Mrs. Courtney Eng	First, Middle Initial) lish	1		Date of Receipt
	101 Consitution Avenu Suite 700			10 15 7 2008
City		State	Zip Code	Transaction ID: PR771449415176
Washington		DC	20001-2140	Amount of Each Receipt this Period
FEC ID number of federal political co	ommittee.	C		17.29
Name of Employe American Counci	r I of Life	Occupation Director.	n Grassroots	
Insurers Receipt For:			e Year-to-Date ▼	
Primary Other (spec	General ify) ▼	0 0	328.52	P/R Deduction (\$17.29 Sem- i-Monthly)
Full Name (Last, Ms. Julie A. Spiezi	First, Middle Initial)			Date of Receipt
Mailing Address	101 Constitution Aven Suite 700	ue NW		M M / D D / Y Y Y Y Y Y 1 1 5 2 0 0 8
City		State	Zip Code	Transaction ID: PR771449615176
Washington		DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of federal political co		C		25.00
Name of Employe American Counci Insurers	r I of Life		ice President	
Receipt For: Primary Other (spec	General of the control of the contr	Aggregate	e Year-to-Date ▼ 475.00	P/R Deduction (\$25.00 Sem- i-Monthly)
SUBTOTAL of Rec	eipts This Page (optional)			57.22

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 28 (check only one) X
A	ny information copied from such Reports and r for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Council of Life Insurers Pol	litical Action	Committee	
	Full Name (Last, First, Middle Initial) Mr. John K. Bruins			Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700	nue NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771450115176 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		13.58
	Name of Employer American Council of Life Insurers Receipt For: Primary General	Occupation Senior A Aggregate	ctuary e Year-to-Date ▼	P/R Deduction (\$13.58 Sem-
	Other (specify) ▼		258.03	i-Monthly)
	Full Name (Last, First, Middle Initial) Mr. Raymond J. Hazel Mailing Address 7 Daydilly Court			Date of Receipt
	City	State	Zip Code	1 0 1 5 2 0 0 8 Transaction ID: PR796887915176
	Wilmington	DE	19808-1951	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer London Life Reinsurance Company	Occupation VP Finar	n nce, & CFO	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	280.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mrs Monica M Hainer			Date of Receipt
	Mailing Address 130 Wentworth Drive			10 15 YYYY 2008
	City	State	Zip Code	Transaction ID: PR798114415176
	Lansdale	PA	19446-1671	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		27.00
	Name of Employer London Life Reinsurance Company	Occupation Presiden	t & CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 378.00	P/R Deduction (\$27.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional).	•		60.58

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Council of Life Insurers Po	Statements made name and add	dress of any political committee to	FOR LINE NUMBER: PAGE 22 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions of solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. Maurice Perkins Mailing Address 101 Constitution Ave Suite 700	, NW		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR805149115176
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		71.33
	Name of Employer American Council of Life Insurers	Occupatio Vice Pres	n sident, Federal Relations	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1355.27	P/R Deduction (\$71.33 Sem- i-Monthly)
В.	Full Name (Last, First, Middle Initial) Mr. Wayne Mehlman	-		Date of Receipt
	Mailing Address 101 Constitution Ave Suite 700	nue, NW		10 15 2008
	City	State	Zip Code	Transaction ID: PR904819515176
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer American Council of Life Insurers	Occupatio Counsel,	n Insurance Regulation	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		475.00	P/R Deduction (\$25.00 Sem- i-Monthly)

SUBTOTAL of Receipts This Page (optional)	•	96.33
TOTAL This Period (last page this line number only)	<u></u>	5784.62

		Use separate schedule(s)			R LINE eck only		:K:			PAG	3E 20	3 / 28	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	_	Ì	21b 27	22 28a		23 28b	\blacksquare	24 28c	25 X 25		26
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) American Council of Life Insurers Political	e and address of any politica											
<u> </u>	Full Name (Last, First, Middle Initial) Republican Senate Campaign Committee Mailing Address Attn: Matthew Yuskewich 211 South Fifth Street City Columbus Purpose of Disbursement Candidate Name			011 tego	ory/	1 ^M 0	of D	sburs	emen 0	t / Y		-	iod
	Senate President State: District:	ment For: Primary General Other (specify)		Гуре	•								
	Full Name (Last, First, Middle Initial) Ohio House Republican Campaign Comm Mailing Address Attn: Matthew Yuskewich 211 South Fifth Street	, Treas.				1 ^M 0	of Di	sburs	emen 0	t / Y	ž 0	ў 8 [°]	
	Columbus Purpose of Disbursement Candidate Name	State Zip Code OH 43215	Ca	011 tego Type	ory/	Amou	int o	Eacr	DISD	oursen	500		100
	Senate President State: District: Full Name (Last, First, Middle Initial)	ment For: Primary General Other (specify) ▼				Trans		-			743		
	House Democratic Caucus Fund Mailing Address Attn: Otto Beatty, Jr., Tre 271 E. State Street City	eas. State Zip Code				1 0	М	/ D	0	/ Y	Ž 0	ý 8 ^Y	
	Columbus Purpose of Disbursement Candidate Name	OH 43215	Ca	011 tego	ry/	AIIIOU		Laul	DISC	oui SEII	250	-	100
	Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)		Гуре									
	1						-	-		-		.00	_

A.

В.

District:

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 24 / 28
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) American Council of Life Insurers Political	Action Committee		
Full Name (Last, First, Middle Initial) Stratton for Supreme Court			Transaction ID: 26709862 Date of Disbursement
Mailing Address 260 N. Cassady Ave.			10 M / D B / Y Y Y O O 8 Y
7	State Zip Code OH 43209		Amount of Each Disbursement this Period
Purpose of Disbursement Evelyn Stratton, SUPREME COURT JUSTICE O	Н	011	500.00
Candidate Name Evelyn Stratton		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ement For: 2008 Primary X General Other (specify)		Evelyn Stratton, SUPREME COURT JUSTICE OH
Full Name (Last, First, Middle Initial)			Transaction ID: 26709863
O'Connor for Supreme Court			Date of Disbursement
Mailing Address 211 S. Fifth Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
	State Zip Code OH 43215		Amount of Each Disbursement this Period
Purpose of Disbursement Maureen O'Connor, SUPREME COURT JUSTICE	≡ ОН	011	250.00
Candidate Name Maureen O'Connor		Category/ Type	
Office Sought: House Disburse Senate President	ement For: 2008 Primary X General Other (specify)		Maureen O'Connor, SUPREME COURT JUSTICE OH

SUBTOTAL of Disbursements This Page (optional)	•	750.00
TOTAL This Period (last page this line number only)		2000.00

State:

CHEDULE B (FEC I FEMIZED DISBURSI	US	e separate schedule each category of the	(S) (check o	NE NUMBER: only one)	PAGE 25/28
	Det	ailed Summary Pag	e 21b 27	22 X 23 28a 28b	24 25 29 29
ny Information copied from such r for commercial purposes, other					
NAME OF COMMITTEE (In F American Council of Life	Full)				
Full Name (Last, First, Middle Paul Hodes For Congress	•			Transaction ID: Date of Disbursem	
Mailing Address 26 Sout	th Main Street, #253			10 13	2008
City Concord	State NH	Zip Code 03301		Amount of Each D	isbursement this Perio
Purpose of Disbursement			011		1000.00
Candidate Name Rep. Paul Hodes			Category/ Type		
Office Sought: X House Senate Presid	ent Prim		al		
State: NH District: 0 Full Name (Last, First, Middle				Transaction ID:	26709806
Committee To Elect Chris	s Murphy			Date of Disbursen	nent
Mailing Address P.O. Bo	ox 127			10 13	2008
City Cheshire	State CT	Zip Code 06410		Amount of Each D	isbursement this Perio
Purpose of Disbursement			011		1000.00
Candidate Name Rep. Christopher Murphy			Category/ Type		
Office Sought: X House Senate Presid State: CT District: 0	ent Prim		al		
State: CT District: 0 Full Name (Last, First, Middle Allyson Schwartz For Cor	Initial)			Transaction ID: Date of Disburser	
Mailing Address P.O. Bo	ox 2232			10 / 13	2008
City Jenkintown	State PA	Zip Code 19046		Amount of Each D	isbursement this Perio
Purpose of Disbursement			011		1000.00
Candidate Name Rep. Allyson Schwartz			Category/ Type		
Office Sought: X House Senate Presid	e Prim		al		
State: PA District: 1		· i → / ▼			

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE							
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30b					
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full) American Council of Life Insurers Political		Committee to son	ok contributions from	T Such Committee					
Full Name (Last, First, Middle Initial) Barney Frank for Congress			Transaction ID: Date of Disbursen						
Mailing Address 38 Ivy Street, SE			10 13	2008					
City Washington	State Zip Code DC 20003		Amount of Each D	Disbursement this Period					
Purpose of Disbursement		011		1500.00					
Candidate Name Barney Frank	ment For: 2000	Category/ Type							
Office Sought: X House Disburse Senate President State: MA District: 04	ment For: 2008 Primary X General Other (specify)								
Full Name (Last, First, Middle Initial) Congressional Black Caucus PAC			Transaction ID: Date of Disbursen	nent					
Mailing Address 227 Massachusetts Ave	NE		10 13	2008					
City Washington	State Zip Code DC 20002		Amount of Each D	Disbursement this Period					
Purpose of Disbursement		011		2500.00					
Candidate Name		Category/ Type							
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼								
Full Name (Last, First, Middle Initial) People for English			Transaction ID: Date of Disbursen						
Mailing Address 104 Hume Ave			10 13	2008					
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